MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034305 STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2377

FILED AUG 19 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

DATE AMENDED: 1 4007 2 4007 3

INSTEAD OF: 4 0 5 2 6 7 0 8 2 9 4200 10 11 12 40-2 13

SHOULD READ:

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves
Length of stay in 1b: 426
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Clinics
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Webster Groves — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 319 No. Gore — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Adrain Middle O. Last BRAY

4. DATE OF DEATH: Month 7 Day 26 Year 63

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7-26-63

9. AGE (last birthday): 81

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agency

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (City and state or country): Campbell, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Elijah M. Bray

13b. MOTHER'S MAIDEN NAME: Nancy M. Owen

14. NAME OF HUSBAND OR WIFE: Pearl D. Bray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT: Adrian J. Bray, 46 Berrywood Dr. Glendale22, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I: DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) myocardial insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c) multiple CVA c left hemiplegia

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): generalized and cerebral arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-24-62 to 7-26-63 and last saw him alive on 7-25-63
Death occurred at 2 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Peter H Ulm M.D.

22b. ADDRESS 1300 Grant Rd. St. L. 19. Mo.

22c. DATE SIGNED 7-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE 7-29-63

23c. NAME OF CEMETERY OR CREMATORY Valhalla

23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich, Webster Groves

25. DATE RECD. BY LOCAL REG. 7-26-63

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.